# FORM D

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Washington, DC

Washington

#### **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SEC USE ONLY					
Prefix Serial					
DATE RECEIVED					
1	1				

SEC 1972 (2-97)

Mos		TION 4(6), AND/OR	DAT	E RECEIVED
	UNIFORM LIM	ITED OFFERING EXEMI	PTION	<u> </u>
Name of Offering ( chec	k if this is an amendment and na	me has changed, and indicate chang	e.)	
Private Placement of Limited Pa	rtnership Interests of TWM Cr	edit Hedge Fund Partners, L.I	P. PDOCE	CCPD
Filing Under (Check box(es) that	t apply): 🔲 Rule 504 🔲 Rule	505 🗵 Rule 506 🗌 Section 4	* '	DUEL
Type of Filing: New		······································	MAR 2	2003
1. Formula información de la constantidad de la con		. BASIC IDENTIFICATION DA	THOMICOALD	
1. Enter the information requested Name of Issuer ( check		me has changed, and indicate change		<del>Elitere</del>
TWM Credit Hedge Fund I		me has changed, and indicate chang	e.)	-012150
Address of Executive Offices	(No. and Street, City	, State, Zip Code)	Telephone Number (Includi	ng Area Code)
5500 Preston Road, Suite 2:	50, Dallas, Texas 75205		(214) 252-32	50
Address of Principal Business O (if different from Executive Office		, State, Zip Code) Telep	hone Number (Including Area Code)	
Brief Description of Business				
Investment Partnership				
Type of Business Organization	(57)			
☐ corporation	$\boxtimes$	limited partnership, already for		other (please specify)
business trust		limited partnership, to be forr	ned	
Actual or Estimated Date of In-	r Organization: (Enter two-letter	U.S. Postal Service abbreviation for	1 0 4 ⊠ Actual State: TX	☐ Estimated
	CN for Canada	; FN for other foreign jurisdiction)		
GENERAL INSTRUCTIONS				
=	-	under Regulation D or Section 4(6), 17 CFR 2	· ·	
			with the U.S. Securities and Exchange Commission (S) by United States registered or certified mail to that add	
Where To File: U.S. Securities and Exchang	ge Commission, 450 Fifth Street, N.W., Was	shington, D.C. 20549.		
Copies Required. Five (5) copies of this no signatures.	tice must be filed with the SEC, one of whi	ch must be manually signed. Any copies not m	anually signed must be photocopies of the manually sig	ned copy or bear typed or printe
Information Required. A new filling must ochanges from the information previously su			and offering, any changes thereto, the information requ	ested in Part C, and any materi
Filing Fee, There is no federal filing fee.				
must file a separate notice with the Security	es Administrator in each state where sales a	ire to be, or have been made. If a state requires	ites that have adopted ULOE and that have adopted thi the payment of a fee as a precondition to the claim for ne notice constitutes a part of this notice and must be con-	the exemption, a fee in the prope
	ral notice will not resul		ne federal exemption. Conversa le state exemption unless suc	

			A. BASIC IDENTIFI	CATION DATA				
2.	Enter the information r	requested for the fo	ollowing:					
х	Each promoter of the issuer, if the issuer has been organized within the past five years;							
X			to vote or dispose, or direct the		r more of a class o	of equity securities of the		
	issuer;		•					
X			rporate issuers and of corporate	general and managing partner	rs of partnership is	suers; and		
<u>X</u>	Each general and mana							
	eck Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	☑ General and/or Managing Partner		
	l Name (Last name first,							
	G GP Management, Inc		er Street, City, State, Zip Code)					
	iness of Residence Addi 23 Ellensburg, Dallas, T		Street, City, State, Zip Code)					
	eck Box(es) that Apply:		☐ Beneficial Owner	⊠ Executive Officer	☐ Director	General and/or Managing Partner		
Ful Tal	l Name (Last name first, ken, Philip, President a	if individual) nd Secretary						
Bus		ress (Number and	Street, City, State, Zip Code)					
	eck Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner		
	l Name (Last name first, ken, Renee, Vice Presid		Secretary					
Bus		ress (Number and	Street, City, State, Zip Code)	·				
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner		
Ful	l Name (Last name first,	if individual)						
Bus	siness or Residence Addr	ress (Number and :	Street, City, State, Zip Code)					
Che	eck Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner		
Ful	l Name (Last name first,	if individual)						
Bus	siness or Residence Addr	ress (Number and	Street, City, State, Zip Code)					
Che	eck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Ful	l Name (Last name first,	if individual)		•				
Bus	siness or Residence Addr	ress (Number and	Street, City, State, Zip Code)					
Che	eck Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner		
Ful	l Name (Last name first,	if individual)						
Bus	siness or Residence Addr	ess (Number and	Street, City, State, Zip Code)					

B. INFORMATION ABOUT OFFERING														
1, 1	las the iss	suer sold			er intend Iso in Ap							ing?	Yes □	No ⊠
2.	2. What is the minimum investment that will be accepted from any individual?										\$ <u>100</u>	0,000.00		
3. 1	Does the c	ffering p	permit jo	oint own	ership o	f a singl	e unit:						Yes ⊠	No □
i (	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full N	lame (Las	t name i	first, if ir	ndividua	ıl)									
Busin	ess or Re	sidence i	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	le)			· · · · · · · · · · · · · · · · · · ·		
Name	of Assoc	iated Br	oker or I	Dealer					•					
	in Which									•		(/		All States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	(ID)	ليبا	An States
[IL]		[lA]	[KS]	[KY]	[LA]	[ME]	[DE]	[MA]	[MI]	(MN)	[MS]	[MO]		
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]		[SD]	(TN)	[TX]	(UT)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
	lame (Las		` '			[41]	[47]	[WA]	[wv]	[WI]	[W1]	[FK]		
	•					64	Chil	2: 0						
	ess or Res			•	r and St	reet, Cit	y, State,	Zip Coo	1e)					
	of Assoc													
	in Which										•		П	All States
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	(HI)	(ID)		All States
[IL]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]		
[MT		[NV]	[NH]	[NJ]	[NM]		[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	•	[SD]	[TN]	[TX]	(עד)	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	lame (Las	t name f	irst, if in	ıdividua	1)							<u> </u>	<u>.</u>	<u> </u>
Busin	ess or Res	sidence A	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	le)	<del>_</del> -	<u> </u>			
Name	of Assoc	iated Bro	oker or I	Dealer						<del></del>	·······			
Ctotos	in Which	Dozan	Listed II	las Cali	ا بمامه	mto a da t	- Callaid	Donata						
											***********			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
	(es) (es) (es) (es) (es) (es) (es) (es)													

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange					
	offering, check this box and indicate in the columns below the amounts of the securities					
	offered for exchange and already exchanged.  Type of Security		Aggre Offering		A	mount Already Sold
	Debt		0	Titee	\$.	0
	Equity	\$_ \$			\$ \$	0
	• •	₽_			J_	<u> </u>
	☐ Common ☐ Preferred	_			_	•
	Convertible Securities (including warrants)	_	0		\$_	0
	Partnership Interests	<b>3</b> _		500.00	3	34,082,500.00
	Other (Specify)	\$_	0		\$	0
	Total	\$_	34,082,5	00.00	2	34,082,500.00
	Answer also in Appendix, Column 3, if filing under ULOE					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero."					
			Num Inves			Aggregate Pollar Amount of Purchases
	Accredited Investors		34		<b>S</b>	34,082,500.00
	Non-accredited Investors	_	0		s_	0
	Total (for filings under Rule 504 only)		N/A		\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE				_	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.					
	Type of offering		Type Secui		D	ollar Amount Sold
	Rule 505		N/A		\$_	N/A
	Regulation A	_	N/A		\$	N/A
	Rule 504		N/A		\$	N/A
	Total	_	N/A		<b>s</b> _	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securithis offering. Exclude amounts relating solely to organization expenses of the issuer. The information be given as subject to future contingencies. If the amount of an expenditure is not known, furnish estimate and check the box to the left of the estimate.	ation				
	Transfer Agent's Fees				\$_	0
	Printing and Engraving Costs				\$	0
	Legal Fees			_ ⊗	<u> </u>	10,000
	Accounting Fees				<u> </u>	0
	Engineering Fees				\$	0
	Sales Commissions (specify finder's fees separately)				<u>-</u>	0
	Other Expenses (identify)				<u> </u>	0
	Total			⊠	\$	10,000
	****			ت	<b>*</b>	. 0,000

	b. Enter the difference between the aggregand total expenses furnished in response to proceeds to the issuer."			<b>\$</b> 34,072,500.00	
5.	each of the purposes shown. If the amount	ross proceeds to the issuer used or proposed to be used for for any purpose is not known, furnish an estimate and he total of the payments listed must equal the adjusted gross to Part C-Question 4.b. above.			
			Of Dire	ments to ficers, ctors, & filiates	Payments To Others
	Salaries and fees		\$		\$
	Purchase of real estate		\$		<b>\$</b>
	Purchase, rental or leasing and install	ation of machinery and equipment	<b>S</b>		\$
	Construction or leasing of plant build	ings and facilities	<b>\$</b>		\$
		ding the value of securities involved in this offering that is or securities of another issuer pursuant to a merger)	<b>s</b>		<b>s</b>
	Repayment of indebtedness		\$		s
	Working capital		<b>S</b>		S
	Other (specify) (investments)		<b>\$</b>	⊠	\$ <u>34,072,500.00</u>
	Column Totals		<b>\$</b>	X	\$ <u>34,072,500.00</u>
	. Total Payments Listed (column totals	added)		\$ <u>_34,0</u>	072,500.00
		D. FEDERAL SIGNATURE			
ign	ature constitutes an undertaking by the issuer	I by the undersigned duly authorized person. If this notice is to furnish to the U.S. Securities and Exchange Commission, a credited investor pursuant to paragraph (b) (2) of Rule 502.			
lss	uer (Print or Type)	Signature Date			
ŦV	VM Credit Hedge Fund Partners, L.P.	Sand February	12-20	09	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Sa	muel C. Perry	Vice President and Assistant Secretary of Tolleson Private Designated Signatory	Wealth i	Manageme	nt, L.P.,
		ATTENTION			

		E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 prule?	resently subject to any of the disqualification provis	sions of such	Yes	No ⊠			
	See Appendi	x, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to (17 CFR 239.500) at such times as required	o furnish to any state administrator of any state in w by state law.	hich this notice is f	iled, a notice (	on Form D			
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.							
4.		ssuer is familiar with the conditions that must be sat which this notice is filed and understands that the is at these conditions have been satisfied.						
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this notice	ce to be signed on it	s behalf by the	: 			
lss	uer (Print or Type)	Signature	Date					
TV	/M Credit Hedge Fund Partners, L.P.	Samuel CKN	February 2009	)				
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)						
Sa	amuel C. Perry  Vice President and Assistant Secretary of Tolleson Private Wealth Management, L.P., Designated Signatory							

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

